Continuing Education Reporting Form for Physical Therapists and Physical Therapy Assistants

Reporting Period – January 1, 2006 through December 31, 2007 Please attach a copy of each continuing education program/credit, and a copy of each course outline and agenda.

Name (Please print or type)		License Number	
Date	Course Title	Total Hours (Please Specif Class I <i>or</i> Class II	y)
Total Hours			
I certify this to be a t for the above specifi		of my continuing competency ac	tivity
0:1		Date	
Signature			

Please submit this form along with the attachments via **mail** to: **Georgia Board of Physical Therapy, 237 Coliseum Drive, Macon, GA 31217.**

Continuing Competency requirements may be found in Board rule 490-4 and Board Policy #7 at www.sos.ga.gov/plb/pt/.